

CLAIMS ONLY

Application Number

10561D417

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6			2			
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50						
Total						
Indep			2			
Depend			6			
Total						
Claims			8			

Indep	Depend	Indep	Depend	Indep	Depend
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Indep					
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Claims					